

SPECIFIC INFORMATION (LOGO)
SIGNING APPLICATION



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
OFFICE OF ENGINEERING
P.O. BOX 317546
NEWINGTON, CT 06131-7546

FOR OFFICE USE ONLY			
ROUTE		EXIT	
APPLICATION NO.			
DATE RECEIVED :			
GAS	FOOD	LODGING	CAMPING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NAME OF BUSINESS		TELEPHONE	
NAME OF APPLICANT		TITLE	
BUSINESS ADDRESS	(No. & Street)	(City or Town)	(State) (Zip)

BUSINESS LOCATION DATA	1. CLEARLY IDENTIFY INTERCHANGE (Route, Exit No., ETC.)	
	2. TRAVEL DISTANCE FROM RAMP TERMINALS BEING CONSIDERED	(to nearest 1/10 mi.) DIRECTION ("x" one) North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>
	3. IS THE BUSINESS VISIBLE FROM EITHER EXIT RAMP TERMINAL? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" WHICH ONE?

MINIMUM REQUIRED SERVICES ("X" APPLICABLE SERVICES)

4. <u>GAS</u> <input type="checkbox"/> ½ MILE DISTANCE <input type="checkbox"/> GASOLINE <input type="checkbox"/> OIL & WATER <input type="checkbox"/> TIRE REPAIR <input type="checkbox"/> PUBLIC RESTROOMS <input type="checkbox"/> DRINKING WATER <input type="checkbox"/> PUBLIC TELEPHONE	5. <u>FOOD</u> <input type="checkbox"/> 1½ /MILES DISTANCE <input type="checkbox"/> APPROVED LOCAL OR STATE PERMIT <input type="checkbox"/> PUBLIC TELEPHONE <input type="checkbox"/> SEAT 50 OR MORE <input type="checkbox"/> BREAKFAST SERVED DAILY <input type="checkbox"/> LUNCH SERVED DAILY <input type="checkbox"/> DINER SERVED DAILY	6. <u>LODGING</u> <input type="checkbox"/> 3 MILES DISTANCE <input type="checkbox"/> APPROVED LOCAL OR STATE PERMIT <input type="checkbox"/> 10 UNITS OR MORE, EACH INCLUDING A BATHROOM & SLEEPING ROOM <input type="checkbox"/> FREE OFF-STREET PARKING <input type="checkbox"/> PUBLIC TELEPHONE	7. <u>CAMPING</u> <input type="checkbox"/> 10 MILES DISTANCE VIA PAVED ROAD <input type="checkbox"/> APPROVED LOCAL OR STATE PERMIT <input type="checkbox"/> ADEQUATE PARKING & CAMP ACCOMODATIONS FOR 30 VEHICLES <input type="checkbox"/> MODERN SANITARY FACILITIES & DRINKING WATER
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8. LIST APPROPRIATE LOCAL OR STATE PERMIT NUMBERS(S)	PERMIT NO.	DATE	PERMIT NO.	DATE
OPERATION DETAILS	9. BUSINESS HOURS	SPRING	SUMMER	FALL WINTER
	10. DAYS OF OPERATION ("X" IF APPLICABLE)	SUN <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/>		
	11. MONTHS OF OPERATION			
	12. CAMPING (IF OPERATING ON A SEASONAL BASIS, CLOSED AS FOLLOWS:)	FROM (date)	TO (date)	

CERTIFICATION	I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE & CORRECT AND THAT I WILL INFORM THE DEPARTMENT OF ANY CHANGES TO THE ABOVE INDICATED INFORMATION THAT MAY AFFECT THE AVAILABILITY OF THE SERVICES PROVIDED	
	SIGNED : _____	DATE : _____

NOTICE !	FALSIFICATION OF THE ABOVE STATEMENTS WILL RESULT IN THE DENIAL OR REVOCATION OF THIS APPLICATION.	FOR OFFICE USE ONLY SIGN NUMBERS <u>MAINLINE</u> <u>RAMP</u>	
	FOR OFFICE USE ONLY APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> DATE: _____	Northbound	_____
COMMENTS: SIGNATURE: _____	DATE: _____	Southbound	_____
		Eastbound	_____
		Westbound	_____